



111903

16310 U.S. PTO

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

David D. Cox et al.

Serial No.: N/A

Examiner: N/A

Filing Date: N/A

Group Art Unit: N/A

For: ANTIMICROBIAL ADHESIVE SYSTEM

Docket No.: 16011/103/106

TRANSMITTAL SHEET

Mail Stop PATENT APPLICATION

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of :EV 332 553 922 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 19th day of Nov., 2003.

By



Laurie E. Gentrup

We are transmitting herewith the attached Patent Application including the following:

[XXXX] 24 sheet(s) of specification.[XXXX] 4 sheet(s) of claim(s).[XXXX] 1 sheet(s) of Abstract.[XXXX] 1 sheet(s) of formal/informal drawings.[XXXX] 8 sheet(s) of tables.

[XXXX] Unexecuted Declaration and Power of Attorney.

[XXXX] Applicant claims small entity status under 37 CFR § 1.27.

[] An Assignment of the invention to _____ is being filed contemporaneous with this patent application.

22390 U.S. PTO
10/717380

111903

CLAIMS AS FILED						
	(1)	(2)	SMALL ENTITY		OTHER	
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee
BASIC FEE				\$385		\$770
TOTAL CLAIMS	16-20 =	0	x9=	\$	x18=	\$0
INDEPENDENT CLAIMS	3-3 =	0	x43=	\$	x86=	\$0
() MULTIPLE DEPENDENT CLAIM PRESENTED			+145=	\$	+290=	\$0
TOTAL			\$385.00		\$	

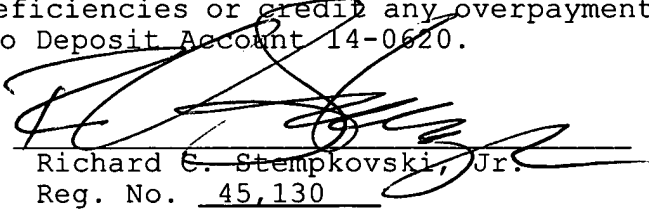
*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[XXXX] Other Postcard.

[XXXX] A check in the amount of \$ 385.00 is enclosed.

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account 14-0620.

By:


Richard E. Stempkowski, Jr.
Reg. No. 45,130

NAWROCKI, ROONEY & SIVERTSON, P.A.
Suite 401, Broadway Place East
3433 Broadway Street N.E.
Minneapolis, Minnesota 55413
Telephone: (612) 331-1464
Facsimile: (612) 331-2239